Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

	TAILINIA		Effective	e Decemb	er 29, 1999				09	14	7991	8
		CLA		S FILED - olumn 1)		mn 2)		ALL PE	ENTITY	OR	OTHER SMALL	
FOR NUMBER FILED			NUMBER	RA	ΤE	FEE	] [	RATE	FEE			
BASIC FEE					3	345.00	OR		690.00			
TOTAL CLAIMS 32 minus 2			20= 1	X\$			OR	X\$18=	214			
INDEPENDENT CLAIMS 3 minus 3			3 = *	ХЗ	9=		OR	X78=				
MU	LTIPLE DEPEN	DENT	CLAIM PE	RESENT	<u> </u>		.10	·n		1	+260=	
+ If	the difference	in colu	ımn 1 is	less than ze	ro, enter "0" in o	column 2	+13			OR		ant
"							TO	AL		OR	TOTAL OTHER	THAN
	C		<b>5 A5 A</b> umn 1)	MENDED	- PART II (Column 2)	(Column 3)	SMA	ALL	ENTITY	OR	SMALL	
ENT A		CL REM Al	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total	*		Minus	**	=	X\$	9=		OR	X\$18=	
<b>AMENDMENT</b>	Independent	*		Minus	***	=	ХЗ	9=		OR	X78=	
4	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENDENT CLAIM		+13	n_	<u> </u>	1	+260=	
								OTAL		OR OR	TOTAL	
		(Col	umn 1)		(Column 2)	(Column 3)	ADDIT	FEE			ADDIT. FEE	
ENT B		Cl REM A	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total			Minus	**	-	X\$	9=		OR	X\$18=	
	Independent	•		Minus	***	=	X3:	<del></del>		OR	X78=	
⋖	FIRST PRESE	NTATIO	ON OF M	JLTIPLE DEF	PENDENT CLAIM		+13		<u> </u>	1	+260=	
		·						O- OTAL		OR	TOTAL	
							ADDIT.			OR	ADDIT. FEE	<u> </u>
	Section Francis		umn 1) AIMS	at House to the	(Column 2) HIGHEST	(Column 3)			ADDI	1	r <del></del>	ADDI-
ENT C		REN A	IAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE		RATE	TIONAL FEE
PM	Total			Minus	**	=	X\$	9= -		OŘ	X\$18=	
<b>AMENDMENT</b>	Independent	•		Minus	***	=	X3:	)=	-	OR	X78=	
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>		<del></del>	<b>1</b> ~''		<del> </del>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* TOTAL ADDIT. FEE

OR ADDIT. IT

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

+130=

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09/479918	
CATION NUMBER:	07/9/19/8	

- Total Fee Calculation								
-	Fee Code	Total . # Claims	Number Extra	X	Fe:	<u>;</u> ee =	Total	
	SmAg.				Sm. Estity	Lg. Entity	Total	
Buic Filips Fee	201/101				· 	690 =	690	
Total Claims >20	203/103	32 .20 =	12 ;	X		18 -	- 1/	
independent Chime >3	202/102	3 .3 *					<u>U</u>	
Mult Dep Claim Present	30K/10K						<del></del>	
Surcharge .	205/105						107	
Eaglish Translation	139						<u>130</u>	
TOTAL FEE CALCULA	אסודו				·		1036	
Free due upon filing t	oc application:					•		
Total Filing Fees Due	= 2	1,036	60.0					
Less Filing Fees Subm	ined - \$	0			!			
BALANCE DUE	= \$	1036.	00				·	
Office of the leaf	July					•		